Approved for use through 7/31/2006 OMB 0651-0032

Under the Peperson Reduction Act of 1995, no persons are required to respond to a pollection of information unless a displays a valid OMB control number. U.S. Palent and Tradement Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docket Humby Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR FOR NUMBER FLED SMALL ENTITY BASICFEE NUMBER EXTRA (37 CFR 1 16(1) (0) & (c)) RATE (\$) FEE O NA SEARCH FEE N/A RATE (S) FEE (1) AUA (37 CFR 1 16(N. 4). or (my) 150.00 NA N/A 300.00 N/A EXAMINATION FEE NA 137 CFR 1 16(0). (p). or (q)) NA N/A TOTAL CLAIMS N/A NVA (37.CFR 1 18(4) NA ٠,,, www.50 • INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N)) X\$50 OP. minus 3 = X100 if the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due FEE . (07 CFR | 16(4)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1)) +180= * If the difference in column 1 is less than zero, enter "O" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OTHER THAN OR HIGHEST REMAINING 11/23/0 SMALL ENTITY NUMBER AMENDMENT PRESENT AFTER RATE (\$) AMENDMENT PREVIOUSLY ADDI-EXTRA Total procentacin RATE (\$) PAID FOR TIONAL ADOI-Minus 0 FEE (\$) TIONAL 20 FEE (1) professions X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 ΔD FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I) +180= +360= OR TOTAL ADD'L FEE TOTAL OR (Calumn 1) ADD'L FEE (Column 2) CLAIMS (Column 3) 8 HIGHEST REMAINING NUMBER ENDMENT PRESENT AFTER. RATE (\$) PREVIOUSLY AMENDMENT EXTRA ADDI-Total COTOFR, LTA(I) RATE (\$) PAID FOR TIONAL ADOL-Minus TIONAL FEE (5) FEE (1) Independent . X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(8)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR * If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. TOTAL TOTAL ADD'L FEE

The rignest number previously pair for (Total or independent) is the nignest number round in the appropriate pox in column 1. Is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is poverned by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. biding gathering, pre-paring, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments ading gamering, preparing, and summing the completed appacation form to the USPTO. Time was vary depending upon the individual case. Any commental the amount of thire you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS